

**UNITED MISSISSIPPI BANK / WCCA School Loan Program  
2023-2024 Credit Application**

If this is an application for joint credit, please initial below:

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Joint Applicant

**Applicant**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ S.S.# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer & Occupation \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Joint Applicant (if applicable)**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ S.S.# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer & Occupation \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Date of Application \_\_\_\_\_ Amount \$ \_\_\_\_\_

**FOR UMB USE ONLY: Rate: 7.75%**

**CIP Identification for Primary Applicant:** OFAC: \_\_\_\_\_ NAICS Code: \_\_\_\_\_

1. D/L No \_\_\_\_\_ Issue date \_\_\_\_\_ Exp. date \_\_\_\_\_ by: \_\_\_\_\_

2. (ss card, insurance card, passport, firearms license) \_\_\_\_\_

**CIP Identification for Joint Applicant:** OFAC: \_\_\_\_\_ NAICS Code: \_\_\_\_\_

1. D/L No \_\_\_\_\_ Issue date \_\_\_\_\_ Exp. date \_\_\_\_\_ by: \_\_\_\_\_

2. (ss card, insurance card, passport, firearms license) \_\_\_\_\_

Direct payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment

I (we) hereby authorize United Mississippi Bank, hereinafter called "Company", to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) as followed at the depository financial institution named below ("Depository"). I (we) agree that the ACH transactions I (we) authorize comply with all applicable law.

Depository Name \_\_\_\_\_ Branch \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Routing and Transit Number \_\_\_\_\_ Account Number \_\_\_\_\_

DEBIT ACCOUNT TYPE (Checking) \_\_\_\_\_ (Savings) \_\_\_\_\_

CREDIT LOAN ACCOUNT \_\_\_\_\_ \$ \_\_\_\_\_  
Loan Number \_\_\_\_\_ Payment Amount \_\_\_\_\_ Next Due Date \_\_\_\_\_ Maturity Date \_\_\_\_\_

I (we) understand that this authorization will remain in full force and effect until Company has received written notification that I (we) wish to revoke this authorization. I (we) understand that Company requires written notice at least three (3) days notice prior to the effective date in order to cancel this authorization. Written notice will be accepted by mail at the address above or in person at Company. It is further agreed that should an electronically initiated debit entry be returned for insufficient funds, account closed, authorization revoked or payment stopped, Company will reverse loan credit, and this authorization will no longer be in force and effect. If Company does not hold the consumer's account, the undersigned personally and as, or on behalf of, the account owner (s) acknowledge receipt of the Company's Electronic Funds Transfer Disclosure.

Applicant Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Date \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Date \_\_\_\_\_

Received By \_\_\_\_\_ Entered By \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_